

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	17	20	0	x \$ 50 (1202)	\$ 0
Independent Claims	5	5	0	x \$ 200 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$ 0
Total Claim Amendment Fee					\$ 0
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0


- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to credit card for the fee due. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date July 10, 2006

By:

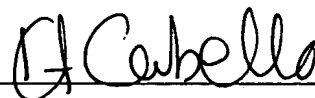

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Date of Deposit July 10, 2006

Typed Name: Kim A. Cabello





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Vicki I. Chin et al.

Application No.: 10/787,015

Filed: February 25, 2004

For: NANOPOROUS SILICON
SUPPORT CONTAINING
MACROPORES FOR USE AS A
BIOREACTOR

) **Mail Stop Amendment**

) Group Art Unit: 1651

) Examiner: Naff, David M.

) Confirmation No.: 3934

) Certificate of Mailing

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) 1450

) By: _____

) 
) Kim A. Cabello

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement dated June 16, 2006, please enter
the following remarks: